VCJ Health System, MCV Hospitals & Physicians Richmond, VA 23298

CPROD - Production

Depart Summary-Referrin	rıng
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DELANEY, GEORGE L - 6185429

* Final Report *

partial small bowel obstruction, adhesiolysis

Principle Diagnosis-Condition making admission necessary:

partial small bowel obstruction adhesiolysis

The following procedures were performed:

Discharged On:

09/19/08 12:20:00

Discharge Disposition:

Correctional Facility

Information for Referring Provider:

New/Changed/Refilled Medications

Printed

Medication

docusate

Hydromorphone (Dilaudid)

Med Details

100 mg by mouth every 12 hours

4 mg by mouth every 3 hours

Pain/discomfort

rinted by:

Griffin LPN, Linda 9/19/2008 13:33

Page 2 of 3 (Continued)

^{*} indicates this medication has printed in the last 36 hours.

VČU Health System, MCV Hospitals & Physicians Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type:

Depart Summary-Referring 19 September 2008 13:32

Date: Status:

Modified

Subject:

Depart Summary-Referring

Author: Encounter info:

Griffin LPN, Linda on 19 September 2008 13:32

706800623521, VCUHS, IP, 9/5/2008 -

* Final Report *

Depart Summary-Referring (Verified)

VCU Health System
Inpatient Depart Summary--For the Referring Provider

PERSON INFORMATION

Name: DELANEY, GEORGE L

)RN: 6185429

Admission Date:9/05/2008 11:26 PM

Age: 48 Years

Sex:M

Enc Type:IP

DOB: J. 1960 12:00 AM

Language:

Acct:706800623521

Visit Reason: SMALL BOWEL OBSTRUCTION

Medical Service: IP-Trauma Surgery

Primary Care Provider:MARSH MD, ROBERT L Attending Physician:DUANE MD, THERESE M Referring Provider:SELF MD, REFERRED

Address:

Allergy Information:

Phenergan

Immunizations:

Admitting Diagnosis:

Printed by: Finted on: Griffin LPN, Linda 9/19/2008 13:33

Page 1 of 3 (Continued)

Prison Health Savice, for.

UTILIZAT ON JANAGEMENT REFERRA' (A) 'IEW FORM In must be Complete and Legible. You must Please send this an ath the Authorization Letter to the service provided in the time of the Appointment



	DEMO	RAPHICS	
Site Name & Nümber:	Patient Name: (Last Firs	40. 53.	Today's Date: (mm/dd/yy)
GREENSVILLE CORRECTIONAL CENTER 019	DE LANEY,		08 32 , 28
Site Phone #			Date of Birth: (mm/dd/yy)
	Inmate #		Date of Birth: Hilliandayy
434- 535 - 7000	3743	90.	. [
Site Fax #	SS Number		PHS Custody Date: (mm/dcl/yy)
434 - 535 - 7086			05, 16, 38
Will there be a charge? Sex	Responsible Party:	cludes Medicare/Medicaid Managed	Court officernations plants)
Yes No Male Female	E421.1	ific (Excludes Medicare, Medicaid an	•
	CLINIC	AL DATA	
Requesting Provider: Physician	□ NP, PA □ Dental		
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Facility Medical Director Signature and D	até:	Colority 97	new Epinto
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Multiple Visits/Treatments:	Radiation therapy Chemotherapy		
	Other:		
Specialist referred to:		1. + 1//1/	response (including medications):
Type of Consultation, Treatment, Procedur FW Wenter Cotho As Structure	e or Surgery:	8/18-781	19/20 Ju 833 -
Mo Strutur			
Diagnosis:		-	
ICD-9 code:			
You must include copies of pertinent repor x-ray interpretations and specialty consult Pertinent Documents have been attached.	reports with this form.	***For security and possibl	i safety, please do not inform patient of e follow-up appointments***
UM DETERMINATION:	Offsite Service Recommended a	and Authorized	
Alternative Treatment Plan (explain here):	South of the Indontification of	Annual Destruction	
More Information Requested: (See Attached)			
Resubmitted with requested information.	Date resubmitted:		
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Operati Procedure #720.2 Attachment #7

CONSULTATION REPORT

PLEASE BILL TO ANTHEM Sending Greensville Corr Ctr/HU-10 Segregation Date: Facility: Offender Offender #: 74390 Name: SS#: DOB: T/D: Allergies: JULIAON lace loomq - cap po. Current Amucil Smooth mol 500mg + tab p.o. BID Medications: Referred To: Referred By: Medical Bs all quada Complaint:

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

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Findings:					
Lab or X-ray Results:					
Diagnosis:					
Treatment and Medications Recommended:					
Restrictions:	ì				
Consulting Physician:				Date:	
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Revision Date: 1/17/07

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VCU Hearth System, MCV Hospitals & Physicia 3 Richmond, VA 23298

CPROD - Production

Depart Summary-Patient

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type:

Depart Summary-Patient 19 August 2008 11:54

Date: Status:

Modified

Subject:

Depart Summary-Patient

Author:

Griffin LPN, Linda on 19 August 2008 11:54

Encounter info:

706800616283, VCUHS, IP, 8/18/2008 -

* Final Report *

Depart Summary-Patient

VCU Health System Inpatient Depart Summary-For the Patient

PERSON INFORMATION

Name: DELANEY, GEORGE L

Age: 49 Years

DO 1959 12:00 AM

MRN: 6185429

Sex:M

Language:

dmission Date:8/18/2008 2:54 AM

Enc Type: IP

Acct:706800616283

Visit Reason: SMALL BOWEL OBSTRUCTION

Medical Service: IP-Trauma Surgery

Primary Care Provider: MARSH MD, ROBERT L Attending Physician: WHELAN JR MD, JAMES F

Address:

Allergy information:

Phenergan

Immunizations:

VCU Health Systems thanks you for allowing us to assist you with your healthcare needs.

Visit our website at: www.vcuhealth.org.

If you have any new symptoms, changes in your condition, or questions, please contact your Primary Care Provider. If you need to reach a Health Care Provider in the hospital, call (804) 828-0951 and ask the operator to page the

Printed by:

Griffin LPN, Linda

inted on:

8/19/2008 11:55

Page 1 of 5 (Continued)

VCU Health System, MCV Hospitals & Physicalis Richmond, VA 23298

CPROD - Production

Depart Summary-Patier

DELANEY, GEORGE L - 6185429

* Final Report *

Provider on call for IP-Trauma Surgery.

The following information will help you care for yourself after leaving the hospital.

Admitting Diagnosis:

Possible Small Bowel Obstruction

You were hospitalized for the following condition(s):

You were admitted to the hospital with a possible small bowel obstruction.

The following procedures were performed:

Discharged On:

08/19/08 11:03:00

Discharge Disposition:

Correctional Facility

New/Changed/Refilled Medications

DISCHARGE INFORMATION

Provider Instructions

Dictating Provider:

KING MD, ASHLEY B

Provider Discharge Instructions:

You are medically stable to be discharged from the hospital. If similar

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Griffin LPN, Linda

rinted on:

8/19/2008 11:55

Page 2 of 5 (Continued)

VCU Health System, MCV Hospitals & Physicians Richmond, VA 23298

CPROD - Production

Depart Summary-Patient

DELANEY, GEORGE L - 6185429

* Final Report *

Provider Discharge Instructions:

You are medically stable to be discharged from the hospital. If similar

symptoms present again return to the hospital.

Med Profile Reviewed:

Yes

Call 911:

DO NOT DRIVE yourself to the ER

Call the doctor if you have:

Difficulty breathing, shortness of breath, Severe abdominal pain, Sudden,

severe pain anywhere in the body

Or a temperature over:

101.5 DegF

Discharge Diet:

Other: Resume your current diet, exclude all vegetables and include a

nutritional supplement with each meal.

Restrictions:

None

Exercise:

No strenuous exercises.

Lifting weight:

No heavy lifting.

Additional Info - Provider:

Follow-up with Trauma Surgery if symptoms persist after discharge.

Continue with your home medications after discharge.

Nursing Instructions

Other Instructions

Follow-up Appointments

Printed by: inted on: Griffin LPN, Linda 8/19/2008 11:55

Page 3 of 5 (Continued)

` VCU Health System, MCV Hospitals & Physical S Richmond, VA 23298

CPROD - Production

Depart Summary-Patient	DELANEY, GEORGE L -	6185429
* Final Report *		
		
Written Instructions Provided to the Patient:		
Additional Information		
If you have heart failure follow the instructions from your property you go to the bathroom and write the result in a daily log. If	ovider. Remember to weigh yourself every m you gain 4-5 pounds or more in a week, call	orning after your doctor.
If you or a member of your household currently smoke, or household member are advised to quit smoking. Please as further resources in the community visit the Smoke-Free V 1-877-856-5177.	sk vour healthcare bloyider to: more imorniac	1011.1 01
Call your doctor if you have changes in your mental health of suicide). You may also call the National Suicide Prevent service available to anyone in suicidal crisis. If you need he to the closest possible crisis center in your area.	non i italina. Tilis is a 74-nout, loir-nee suloid	o projetime
Home care service options were reviewed wi	th meYES	NO
I understand the information given to me	YES	NO
I have received all my personal belongings	YES	NO
Patient/Caretaker:	Da	te:

Printed by: inted on:

Griffin LPN, Linda 8/19/2008 11:55 Page 4 of 5 (Continued)

VCU Health System, MCV Hospitals & Physical Is Richmond, VA 23298

CPROD - Production

Depart Summary-Patient	DELANEY, GEORGE L - 6185429
* Final Report *	
(signature)	
Nurse:	Date:
(signature)	
Visit our website at: www.vcuhealth.org	
Written Instructions	
.∕dedication Information	

Printed by: inted on:

Griffin LPN, Linda 8/19/2008 11:55

Page 5 of 5 (End of Report)

VCU Health System, MCV Hospitals & Physic. .ns Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type:

Depart Summary-Referring

Date:

19 August 2008 11:54

Status:

Modified

Subject: Author: Depart Summary-Referring Griffin LPN, Linda on 19 August 2008 11:54

Encounter info:

706800616283, VCUHS, IP, 8/18/2008 -

* Final Report *

Depart Summary-Referring

VCU Health System
Inpatient Depart Summary--For the Referring Provider

PERSON INFORMATION

Name: DELANEY, GEORGE L

MRN: 6185429

'dmission Date:8/18/2008 2:54 AM

Age: 49 Years

Sex:M

Enc Type:IP

DOB:

/1959 12:00 AM

Language:

Acct:706800616283

Visit Reason: SMALL BOWEL OBSTRUCTION

Medical Service: IP-Trauma Surgery

Primary Care Provider: MARSH MD, ROBERT L Attending Physician: WHELAN JR MD, JAMES F Referring Provider: SELF MD, REFERRED

Address:

Allergy Information:

Phenergan

Immunizations:

Admitting Diagnosis:

Possible Small Bowel Obstruction

Printed by:

Griffin LPN, Linda

rinted on: 8/19/2008 11:56

Page 1 of 2 (Continued)

VCU Health System, MCV Hospitals & . ysicians Richmond, VA 23298

CPROD - Production

Depart :	Summar	y-R	efe	rrin	g
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DELANEY, GEORGE L - 6185429

* Final Report *

Principle Diagnosis-Condition making admission necessary:

You were admitted to the hospital with a possible small bowel obstruction.

The following	procedures	were	performed:
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Discharged On:

08/19/08 11:03:00

Discharge Disposition:

Correctional Facility

Information for Referring Provider:

New/Changed/Refilled Medications

To reach providers in the VCU HealthSystems,

call Telepage at 804 828-0951 and page the specific provider or have the specific provider call 1-800-762-6161. VCUHS provider numbers can also be accessed via the web at: www.vcuhealth.org.

Printed by: Printed on: Griffin LPN, Linda 8/19/2008 11:56

Page 2 of 2 (End of Report)

VCU Health System, MCV Hospitals & Physic Ins Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type:

Depart Summary-Referring

Date:

19 August 2008 11:54

Status:

Modified

Subject:

Depart Summary-Referring

Author:

Griffin LPN, Linda on 19 August 2008 11:54

Encounter info:

706800616283, VCUHS, IP, 8/18/2008 -

* Final Report *

Depart Summary-Referring

VCU Health System Inpatient Depart Summary--For the Referring Provider

PERSON INFORMATION

Name: DELANEY, GEORGE L

MRN: 6185429

Admission Date:8/18/2008 2:54 AM

Age: 49 Years

Sex:M

Enc Type:IP

/1959 12:00 AM DOF

Language:

Acct:706800616283

Visit Reason: SMALL BOWEL OBSTRUCTION

Medical Service: IP-Trauma Surgery

Primary Care Provider: MARSH MD, ROBERT L Attending Physician: WHELAN JR MD, JAMES F Referring Provider: SELF MD, REFERRED

Address:

Allergy Information:

Phenergan

Immunizations:

Admitting Diagnosis:

Possible Small Bowel Obstruction

Printed by:

Griffin LPN, Linda

8/19/2008 11:56 Printed on:

Page 1 of 2 (Continued)

VCU Health System, MCV Hospitals & Physic. s Richmond, VA 23298

CPROD - Production

Depart	Summary-	Referring
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DELANEY, GEORGE L - 6185429

* Final Report *

Principle Diagnosis-Condition making admission necessary:

You were admitted to the hospital with a possible small bowel obstruction.

The	following	procedures	were	performed:
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Discharged On:

08/19/08 11:03:00

Discharge Disposition:

Correctional Facility

Information for Referring Provider:

New/Changed/Refilled Medications

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Griffin LPN, Linda 8/19/2008 11:56 Page 2 of 2 (End of Report)

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Diagnosis: ICD-9 code: You must include copies of pertinent reports such as lab results. ray interpretations and specialty consult reports with this form Pertinent Documents have been attached and faxed. Bus for security and safety, please do not inform patient of possible follow, up appointments: UM DETERMINATION: Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): More Information Requested: (See Attached) Date resubmitted with requested information. J. Resubmitted with requested information. J. Do not write below this line. For Case Manager and Corporate Data Entry ONLY.	1 Stalkeather (U) No	Mon I amy	al al succession		
CD-9 code: You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form	BUCH STON	Jake min	ch spring changes		
You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form Pertinent Documents have been attached and faxed. Bwd for Security and safety, please do not inform patient of possible follow-up appointments*** UM DETERMINATION: Offsite Service Recommended and Authorized	Diagnosis/		5" tropey		
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UM DETERMINATION: Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): More Information Requested: (See Attached) Resubmitted with requested information. Resubmitted with requested information. Regional Medical Director Signature, printed name and date required: Do not write below this line. For Case Manager and Corporate Data Entry ONLY.		this form			
UM DETERMINATION: Diffsite Service Recommended and Authorized Alternative Treatment Plan (explain here): More Information Requested: (See Attached) Date resolamitted: Resultantited with requested information. // Resultantited Director Signature, pranted matrix and date required: Do not write below this line. For Case Manager and Corporate Data Entry ONLY.	Pertinent Documents have been attached and faxed.	possible	e follow-up appointments***		
More Information Requested: (See Attached) Date resubmitted: Date resubmitted: Resubmitted with requested information.	UM DETERMINATION: Diffsite Se	ervice Recommended and Authorized			
Date resubmitted: [] Resubmitted with requested folormation. [Regional Redical Director Signature, printed name and date required: [] Do not write below this line. For Gase Manager and Corporate Data Entry ONLY.	Alternative Treatment Plan (explain here):				
Date resubmitted: [] Resubmitted with requested folormation. [Regional Redical Director Signature, printed name and date required: [] Do not write below this line. For Gase Manager and Corporate Data Entry ONLY.	Ti More Information Requested: (See Attached)		<u>-</u> * .		
Regional Medical Director Signature, printed name and date required: / /	Date resubriti	itled:			
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Do not write below this line. For Case Manager and Corporate Data Entry ONLY.	Station ileute and week to James.		/ (mm/dd/yr)		
Cent Type: Med Class: CPT code: UR Auth #:					
	Cell Type: Med Class: CPT code	25	UR Auth #:		

NAME:

DELANEY, GEORGE

MED REC NO:

1368840

SEX:

DOB:

1959 49Y

ATTENDING MD: DAKE, MICHAEL D

ORDERING MD: LOCATION:

OKIKOGBO, VICTOR

OUTPATIENT

PT ACCT NO:

003119518664

UNIVERSITY OF VIRGINIA

HEALTH SYSTEM

DEPARTMENT OF RADIOLOGY

CHARLOTTESVILLE, VIRGINIA

TELERADIOLOGY

CONSULTATION REPORT

Page 1 of 2

SIGNED FINAL REPORT

ORDER NO: 90001

EXAMINATION:

TEL 0229 - GREEN CC, OTHER

EXAM DT/TIME: Jul 31 2008 12;21PM

Accession No: 7442592

CPT:00000 00000000

CLINICAL DATA: GREN, DOS 7-30-08, GREN 374290, L 5TH FINGER, INJURY ON 4-30-08

FULL RESULT: Exam: 3 views of the fifth digit.

Comparison: No prior studies for comparison.

Findings: Avulsion fragments off the volar plate at the base of the middle phalanx of the 5th digit with mild dorsal ulnar subluxation. No other fractures or malalignment identified. Soft tissues are unremarkable,

IMPRESSION:

1/ Avulsion fragments off the volar plate at the base of the middle phalanx of the 5th digit with mild dorsal ulnar subluxation suggesting capsular injury, age indeterminant.

Curtis Anderson M.D. PhD

Resident Physician, Radiolog

TECHNOLOGIST:

PS4

TRANSCRIBED BY: READING MD: SIGNING MD:

CURTIS ANDERSON

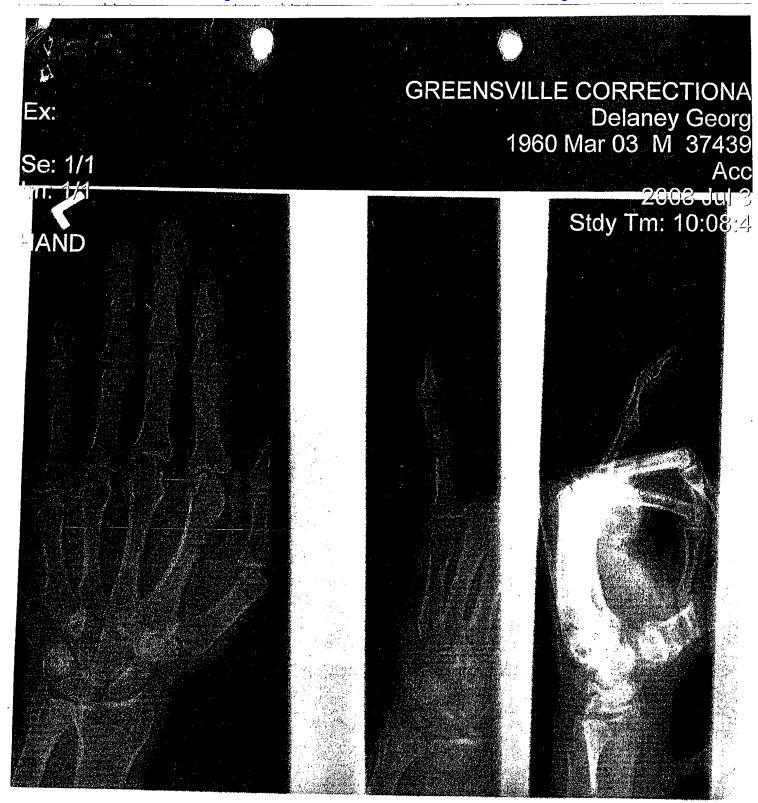
CHRISTOPHER M GASKIN

DATE/TIME: Aug 5 2008 1:23P DATE/TIME: Aug 4 2008 2:52P

DATE/TIME: Aug 5 2008 1:22P

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Lin:DCM / Lin:DCM / Id:ID W:2590 L:1875

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NAME:

DELANEY, GEORGE

MED REC NO:

1368840

SEX:

M

DOB: ATTENDING MD: DAKE, MICHAEL D

ORDERING MD:

1959 49Y

OKIKOGBO, VICTOR

LOCATION:

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Curtis Anderson M.D. PhD

Resident Physician, Radiology

TECHNOLOGIST: ac3cg

TRANSCRIBED BY: PS4 READING MD:

CURTIS ANDERSON

SIGNING MD:

CHRISTOPHER M GASKIN

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DELANEY, GEORGE

MED REC NO:

1368840

SEX:

M

DOB:

1959 49Y

ATTENDING MD: DAKE, MICHAEL D ORDERING MD:

OKIKOGBO, VICTOR

LOCATION: PT ACCT NO: OUTPATIENT

003119518664

UNIVERSITY OF VIRGINIA

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Curtis Anderson M.D. PhD Resident Physician, Radiology

TECHNOLOGIST:

ac3cg

TRANSCRIBED BY: PS4 READING MD:

SIGNING MD:

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[00170]

NAME:

DELANEY, GEORGE

MED REC NO:

1368840

M

SEX: DOB:

ATTENDING MD: DAKE, MICHAEL D

/1959 49Y

ORDERING MD:

OKIKOGBO, VICTOR

LOCATION:

OUTPATIENT

PT ACCT NO:

003119518664

UNIVERSITY OF VIRGINIA

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CHARLOTTESVILLE, VIRGINIA

TELERADIOLOGY

CONSULTATION REPORT

Page 2 of 2

Christopher Gaskin M.D. Attending Physician, Radiology

TECHNOLOGIST:

ac3cg TRANSCRIBED BY: P\$4

READING MD:

SIGNING MD:

CHRISTOPHER M GASKIN

CURTIS ANDERSON

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WAR OUTSIDE CONTRACTS Fax:4349248591

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UTILIZATION IANAGEMENT REFERRAL REVIEW FORM

at must be Complete and Legible, You must Ty

the Authorization Letter to the service provide the Appointment

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GREENSVILLE CORRECTIONAL CENTER 019	Patient Name: (Last, First		Today's Date: (mm/dd/yy)
Site Phone #	Inmate #		Date of Birth: (rpm/dd/yy)
434- 535 - 7000	374890) .	, 60
Site Fax #	SS Number		PHS Custody Date: (mm/dd/yy)
434 - 535 - 7086			
Will there be a charge? Sex	Responsible Party:		
Yes No Male Female	1 = '	cludes Medicare/Medicald Managed fic (Excludes Medicare, Medicald ar	Care alternative plans) nd Veterans Administration Services):
	CLINIC	AL DATA	
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Office Visit (OV)	Scheduled Admission (SA)	Results of a complaint	directed physical examination:
Outpatient Surgery (OS) Dialysis (DA)		No material	directed physical examination: An a Slew many A, over B Sh' herew
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Estimated Date of Service (mm/dd/yy)		Smgi	eal seem
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Specialist referred to:		Previous treatment and	response (including medications):
Type of Consultation, Treatment, Procedure of			
The disconstitution, frequient, Procedure of	or ourgery:		
In +IN at NO	2/6		
8mgm and 30	δ , ,		
Diagnosis:			
ICD-9 code:		1	
You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form. Pertinent Documents have been attached and faxed.		***For security and	d safety, please do not inform patient of le follow-up appointments***
	Offsite Service Recommended ar		<u></u>
Afternative Treatment Plan (explain here):	OURSE REAKE RECOMMENDED OF	N AUDIN ZEU	
☐ More Information Requested: (See Attached) Da	ite resubmitted:		
Resubmitted with requested information.			
Regional Medical Director Signature, rinted name and date required:			/ / (mm/eddy)
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	CPT code:		○ UR Auth #:
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VUU Hearm System, MCV Hospitals & Physicians Richmond, VA 23298

CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type:

Discharge Summary: Interfaced

Date:

20 March 2003 19:45

Status:

Transcribed

Subject:

DISCHARGE SUMMARY

Encounter info:

770005993009, VCUHS, Discharged, 2/25/2003 - 2/28/2003

* Preliminary Report *

DISCHARGE SUMMARY

DELANEY, GEORGE L DISCHARGE SUMMARY MR#: 6185429

FIN#: 00035

ADMITTED: 022503

PRINCIPAL DIAGNOSIS: CONSTIPATION.

SECONDARY DIAGNOSIS: JLCERATIVE COLITIS, STATUS POST BOWEL RESECTION.

HISTORY OF PRESENT ILLNESS: MR. DELANEY IS A 46-YEAR-OLD MALE TRANSFERRED FROM AN OUTSIDE HOSPITAL WITH COMPLAINTS OF ABDOMINAL PAIN. FILMS OBTAINED AT THE OUTSIDE HOSPITAL SHOWED AIR-FILLED LOOPS OF SMALL BOWEL CONSISTENT WITH A SMALL BOWEL OBSTRUCTION. THE PATIENT WAS RECENTLY ADMITTED TO MCV FOR SMALL BOWEL OBSTRUCTION AND WAS DISCHARGED ON JANUARY 25, 2003, AND WAS MANAGED CONSERVATIVELY AT THAT TIME. ON PRESENTATION, THE PATIENT REPORTS INTERMITTENT CRAMPINESS, SHARP ABDOMINAL PAIN IN THE RIGHT AND LEFT LOWER QUADRANTS. HE REPORTS HIS LAST BOWEL MOVEMENT THREE HOURS PRIOR TO PRESENTATION AND HE IS CONTINUING TO PASS FLATUS. HE REPORTS THAT SINCE AUGUST, HE HAS HAD BOWEL MOVEMENTS THAT CONTAIN UNDIGESTED FOOD PARTICLES. ON PREVIOUS ADMISSION, THE PATIENT REPORTS A STRICTURE WAS FOUND AT HIS BOWEL ANASTOMOSIS. THE PATIENT DENIES FEVER OR CHILLS.

PAST MEDICAL HISTORY: SIGNIFICANT FOR ULCERATIVE COLITIS, STATUS POST COLECTOMY IN 1997 WITH AN ILEOSTOMY TAKE-DOWN AND ILEOANAL POUCH IN 1998. ALSO A RIGHT INGUINAL HERNIA REPAIR.

CURRENT MEDICATIONS: THE PATIENT NORMALLY TAKES METAMUCIL, PHENERGAN, AND ANUSOL.

ALLERGIES: PHENERGAN.

PHYSICAL EXAMINATION: THE PATIENT IS AFEBRILE WITH NORMAL BLOOD PRESSURE, PULSE, AND RESPIRATIONS. HE HAS A NASOGASTRIC TUBE IN PLACE WHICH IS DRAINING CLEAR FLUID. HEAD AND NECK EXAMINATION IS NORMAL AND LUNGS ARE CLEAR BILATERALLY. HEART IS REGULAR WITH NO MURMURS. FILE ABDOMEN IS SLIGHTLY DISTENDED WITH A MIDLINE WELL-HEALED SCAR AND A VENTRAL FASCIAL DEFECT IS PALPABLE. SOUNDS ARE PRESENT ALTHOUGH DIMINISHED. THE ABDOMEN IS SOFT, MINIMALLY TENDER, NO REBOUND. THERE ARE NO INGUINAL HERNIAS AND NO

Printed by: Printed on: Hammel, James R 8/29/2007 10:22

Page 1 of 2 (Combinued)

VCU Health System, MCV Hospitals & Physicians Richmond, VA 23298

CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

STOOL IN THE VAULT.

LABORATORY DATA: INITIAL LABORATORY STUDIES REVEALED A WHITE COUNT OF 7.5, HEMOGLOBIN 12.5, PLATELETS 229. URINALYSIS WAS NEGATIVE. BMP WAS DONE WHICH WAS WITHIN NORMAL TIMITS AS WAS LIVER FUNCTION TESTS. AN ABDOMINAL ACUTE SERIES WAS OBTAINED WHICH REVEALED DILATED LOOPS OF SMALL BOWEL WHICH SEEM DIMINISHED FROM THE IMAGERY OBTAINED AT THE OUTSIDE HOSPITAL.

HOSPITAL COURSE: THE PATIENT WAS ADMITTED TO GENERAL SURGERY FOR CONSERVATIVE MANAGEMENT WHICH CONSISTED OF N.P.O., TV TOTOS, FOLLOW UP ACUTE SERIES, AND SERIAL ABDOMINAL EXAMINATIONS.

THE PATIENT DID QUITE WELL WITH CONSFRVATIVE MANAGEMENT. HE CONTINUED TO PASS FLATUS AND HIS EXAMINATION WAS LARGELY UNCHANGED DURING HIS HOSPITAL STAY.

ON HOSPITAL DAY #2, THE PATIENT WAS PROGRESSED TO STPS OF CLEARS WHICH WERE TOLERATED WELL AND THEN HE WAS BEGUN ON A GENERAL DIET. THE N-G TUBE WAS REMOVED AND THE PATIENT TOLERATED HIS GENERAL DIET WELL. DURING THE HOSPITAL COURSE, THE PATIENT REMAINED AFEBRILD WITH NORMAL VITAL SIGNS; HOWEVER, HE CONTINUED TO HAVE SOME VAGUE LOWER ABCOMINAL PAIN WHICH SEEMED TO BE RELIEVED WITH USE OF ADEQUATE BOWEL REGIMEN.

CONDITION ON DISCHARGE: IMPROVED AND STABLE.

DISCHARGE INSTRUCTIONS: 1. FOLLOW UP IN SURGERY CLINIC IN THREE WEEKS. 2. DIET RESTRICTIONS (TO EXCLUDE BEEF, CHEESE, CARROTS, CORN, RED BEANS, TURKEY, POTATO SKINS, STEAMED VEGETABLES, GREEN PEPPERS, OR ONTONS). 3. THE PATTENT WAS TO CONTINUE ON AN ADEQUATE BOWEL REGIMEN AND SEEK MEDICAL ATTENTION AT HIS INSTITUTION FOR ANY RETURN OR EXACERBATION OF SYMPTOMS.

DD: 03/17/2003 DT: 03/18/2003 TL822/JOB: 1342 RD: / /

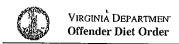
TAST PAGE

DELANEY, GEORGE L

DISCHARGE SUMMARY

THIS DATA WAS EXTRACTED FROM THE MIS SYSTEM ON 05/10/04 AT 09:09 AM.

Printed by: Printed on: Hammel, James R 8/29/2007 10:22 Page 2 of 2 (End of Report)



ORRECTIONS

3ffective Date: December 1, 2007 Food Service Manual, Chapter #3 Attachment #4

Offender Diet Order	
GRESTILO	
Facility	
6/2/=3	
Date	
A therapeutic diet order has been written for:	
Offender Name: DELANKY, GEORGE	Number: 37 4 3 9
Please check diet order as written in offender medical record:	
Clear Liquid	
☐ Full Liquid	
. Mechanical Soft	
Low Sodium	
Low Fat/Low Cholesterol	
2000 Calorie ADA Diabetic	HS Snack Bag Yes No
Allergy (Food)	RAST Test Yes No
V Other LOW RESIDUE	HSU Approved Yes No
W Other Low MissiDUE NO PROCESSED JOONS JSPICED FROM MAN Miger CONFIRES TOOIS Eggs, Cleare , Promo, P. Therapeutic diet order renewal date: 6/409	fell , origes, Appled learnet butter or ay NOB.
Therapeutic diet order renewal date: 6/4-9	<u>.</u>
,	
Pen Dr. Steplen 1/04/28 / U.F elmo Health Authority/Designee	6/2/28
Health Authority/Designee	Date